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MUIRHEAD AND SATURNELLI, LLC

Specializing in Intellectual Property Law

200 Friberg Parkway, Suite 1001
Westborough, MA 01581
(508) 898-8601 • Fax (508) 898-8602 • www.westboro-ip.com

FACSIMILE TRANSMISSION SHEET

RECIPIENT	COMPANY	FAX NO.
USPTO		571-273-8300

FROM	DATE	TOTAL NUMBER OF PAGES INCLUDING THIS PAGE
Donald W. Muirhead	April 13, 2009	10

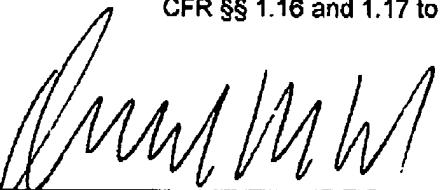
Comments:

In re application of: Klaus PERTHEL
Appn. No.: 10/576,717 Filed: July 5, 2007
Art Unit: 3753 Examiner: Marina TIETJEN
For: ELECTROMAGNETIC VALVE

Attached hereto is: Second Preliminary Amendment

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PRELIMINARY AMENDMENT TRANSMITTAL LETTER				Docket Number FRM-055US	
Application Number 10/578,717	Filing Date July 5, 2007	First Named Inventor: Klaus PERTHEL		Group Art Unit 3753	
Invention Title: ELECTROMAGNETIC VALVE			Examiner: Marina TIETJEN		
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application, including:					
<input checked="" type="checkbox"/> Facsimile Cover Sheet; <input checked="" type="checkbox"/> Second Preliminary Amendment; and <input checked="" type="checkbox"/> Second Preliminary Amendment Transmittal.					
CLAIMS AS AMENDED					
	(1)	(2)	(3)		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA	RATE
TOTAL CLAIMS	23	Minus	23	0	x \$ 52 \$
INDEPENDENT CLAIMS	2	Minus	3	0	x \$220 \$
MULTIPLE DEPENDENT CLAIM ADDED				\$390	\$
				TOTAL	\$
If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.			SMALL ENTITY TOTAL		\$
<small>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the highest number previously paid for Total Claims in column 2 is less than 20, enter "20." *** If the highest number previously paid for Independent Claims in column 2 is less than 3, enter "3."</small>					
The "highest number previously paid for" (total or independent) is the highest number found in the appropriate box in column 1.					
<input type="checkbox"/> Please charge Deposit Account Number 503596 in the amount of \$_____. <input type="checkbox"/> Please charge \$ _____ to our credit card. Attached is PTO Form 2038. <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> Please credit any overpayment and/or charge any additional filing fees required under 37 CFR §§ 1.16 and 1.17 to our Deposit Account Number 503596.					
 Donald W. Muirhead, Reg. No. 33,978 April 13, 2008 Date Customer No. 54004					
<div style="border: 1px solid black; padding: 10px;"> I hereby certify that the foregoing document is being sent via facsimile transmission to the Commissioner for Patents at the USPTO central facsimile number 571-273-8300 on April 13, 2009.  Sandra Pires </div>					

(10-95)

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